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## NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

| APPLICATION NUMBER: | 9/299502 |
|---------------------|----------|
|---------------------|----------|

| Total Fee Calculation      |   |                   |       |                 |    |                 |                |        |  |  |
|----------------------------|---|-------------------|-------|-----------------|----|-----------------|----------------|--------|--|--|
|                            | Fee Code                                    | Total<br># Claims |       | Number<br>Extra | X  | F <del>cc</del> | Fee =          | Total  |  |  |
|                            | Sm./Lg.                                     |                   |       |                 |    | Sm. Entity      | Lg. Entity     |        |  |  |
| Basic Filing Fee           | 201/101                                     |                   |       |                 |    | •               | ~ <b>g</b> 20; |        |  |  |
| Total Claims >20           | 203/103                                     |                   | -20 = |                 | x  |                 | <u></u>        | 760,   |  |  |
| Independent Claims >3      | 202/102                                     |                   | -3 =  |                 | x  |                 |                |        |  |  |
| Mult. Dep Claim Present    | 204/104                                     |                   |       |                 | •• |                 |                |        |  |  |
| Surcharge                  | 205/105                                     |                   |       | 1               |    |                 |                |        |  |  |
| English Translation        | 139   |                   |       |                 |    |                 |                | 130,   |  |  |
| TOTAL FEE CALCULA          | ATION                                       |                   |       |                 |    |                 |                | · 890. |  |  |
| Fees due upon filing th    | e application:                              |                   |       |                 |    |                 |                |        |  |  |
| Total Filing Fees Due      | =\$_890.                                    |                   |       |                 |    |                 |                |        |  |  |
| Less Filing Fees Submi     | tted - \$                                   | 6                 |       |                 |    |                 |                |        |  |  |
| BALANCE DUE                | = \$ \( \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | 90,               | ·     | <del>-</del>    |    |                 |                |        |  |  |
| Office of Initial Patent I | Examination                                 |                   |       |                 | ·  |                 | ·              |        |  |  |

FORM OIPE-RAM-01 (Rev 5/97)